

[Division of Workers' Compensation \(DWC\)](#)

Qualified Medical Examiner Online Form

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation Medical Unit
MUhelpdesk@dir.ca.gov
Telephone: 510-286-3700 or (800) 794-6900



Date: 04/05/2019

[Print](#)

To: IANA Zadneprovskaja
333 Hegenberger Rd Ste 504
OAKLAND, CA 94621

Request No.: 5331997
ER: CARDIONET LLC
DOI: February 15, 2019
Claim No.: 7173815490

The Medical Unit is unable to fulfill your request for the reasons listed:

The DWC Medical Unit is unable to issue a panel because your request is premature as defined in Labor Code section 4062.2; 8 CCR sections 10507 and 10508.

For questions, please contact the Medical Unit at MUHelpdesk@dir.ca.gov for assistance.



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